**FEC** 

## **STATEMENT OF**

FORM 1		ORGANIZ			
	, , , , , , , , , , , , , , , , , , ,	(See instruc	etions)		Office use only
	AME OF DMMITTEE (in f	(Check if name is changed)	Example: If typying, typover the lines	12FE4M5	
LL	CHOOL NUT	RITION ASSOCIATION POLITIC	CAL ACTION COMMITTE	E, INC.	
ـــــا	1111				
A <u>D</u> DRE	ESS (number and s	120 Waterfront St	Ste. 300		
<b>,</b> (	(Check if address is changed)				
X i		National Harbor		<u>M</u> D	20745
			CITY▲	STATE▲	ZIP CODE 📥
COMM	ITTEE'S E-MAII	_ ADDRESS (Please provide only one	•		
,	(Check if address is changed)	asteines@schooli	nutrition.org		
COMM	ITTEE'S WEB F	PAGE ADDRESS (URL)			
	(Check if address is changed)	1			
2. D <i>i</i>	ATE 0.5	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. <b>FE</b>	C IDENTIFICA	TION NUMBER	C C00166272		
4. IS	THIS STATEM	ENT X NEW (N) OF	AMENDED	(A)	
I certify t	that I have examir	ned this Statement and to the best of my	knowledge and belief it is true, co	rrect and complete	
Type or	Print Name of	reasurer Alexis Steines	<b>:</b>		
Signatu	re of Treasurer	Electronically Filed by Alexis \$	Steines	_ Date 05	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: S	Submission of fals	se, erroneous, or incomplete information  ANY CHANGE IN INFORI	may subject the person signing the	•	
	Office		For further inform		
	Use		Federal Election C Toll Free 800-424-	ommission	FEC FORM 1 (Revised 02/2009)